Acknowledgement of Service Coordination Choice

By signing this form I understand and acknowledge that my rights regarding choice of providers have been explained, and a list of qualified providers has been made available to me. I have reviewed the available options and have selected the provider listed below. I understand that at any time, if I am dissatisfied with my chosen provider, I can elect to change to another provider if available. My choice of qualified provider is:

Service Coordination Provider of Choice:_____

Parent/Legal Guardian **Date**

Service Coordinator/Early Interventionist/Other **Date**

PDD Form IR 3 **June 6, 2008**

Please return in the enclosed envelope within 3 days.

Pervasive Developmental Disorder Information and Referral • Center for Disability Resources • University of South Carolina School of Medicine

Columbia, South Carolina 29208 • Phone: 803-935-5265 • FAX: 803 935-5269 (Contact Person: Karla Kyer)

Revised July 22, 2007